## PART B - FEE(S) TRANSMITTAL

PART B - FEE(S) TR

Complete and send this form together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885

or Fax

INSTRUCTIONS: An appropriate. All further cor indicated unless corrected a maintenance fee notification	below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLI ders and notification ) specifying a new	CATION FEE (if requ n of maintenance fees v correspondence address	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying		
000026574 7590 09/21/2005				papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
SCHIFF HARDI	N. LLP			Cer	rtificate of Mailing or Tran	smission
PATENT DEPARTMENT				I hereby certify that the	nis Fee(s) Transmittal is bein	g deposited with the United
6600 SEARS TOWER				addressed to the Mai	nis Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address TO (571) 273-2885, on the	above, or being facsimile
CHICAGO, IL 606						
12/20/2005 EAYALEW2 00		Mark Ber	gner	(Depositor's name)		
01 FC:1501 1400.00 0P 02 FC:1504 300.00 0P				Mark	Deigner	(Signature)
				December	14, 2005	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/804,682	03/19/2004	03/19/2004 Heinz I			P04,0069	8168
TITLE OF INVENTION: PO	ORTABLE MAGNETIC RE	SONANCE SURI	FACE COIL UNIT V	VITH AN ACCESS OPP	ENING FOR MANUAL GRI	PPING
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400	)	\$300	\$1700	12/21/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
VARGAS, I	2859	2859 324-318000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print	or type)		
PLEASE NOTE: Unless		elow, no assignee	data will appear on	the patent. If an assign	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGN	EE	(E	B) RESIDENCE: (CI	TY and STATE OR CO	UNTRY)	
	s Aktiengesel			ich, GERMAN		_
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the patent)	: 🔲 Individual 🔼 C	orporation or other private gr	oup entity Government
4a. The following fee(s) are	enclosed:	4t	D. Payment of Fee(s)			
Issue Fee	_	A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
☐ Advance Order - # of	f Copies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
5. Change in Entity Status	(from status indicated above	<del></del>				
• •	MALL ENTITY status. See				LL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issuublication Fee (if required) vords of the United States Pate	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if any) or t d from anyone other Office.	o re-apply any previous than the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	ation identified above. the assignee or other party in
Authorized Signature	MontB	eignen		DateD	ecember 14, 2	005
Typed or printed name _				<del>-</del>	No. <u>45,877</u>	
This collection of informatic an application. Confidential submitting the completed ap	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT	11. The information 122 and 37 CFR O. Time will vary	on is required to obta 1.14. This collection depending upon the	in or retain a benefit by it is estimated to take 12 individual case. Any c	the public which is to file (ar minutes to complete, includi omments on the amount of t	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.